

Care Quality Commission



Inspection Evidence Table

Gatacre Street Surgery

(1-5389320623)

Inspection Date: 24 November 2023

Date of data download: 17/11/2023

**Responsive
Improvement**

Rating: Requires

At the last inspection in October 2020 the Responsive key question was rated good. We recognise the pressure that practices are currently working under and the efforts staff are making to maintain levels of access for their patients. At the same time, our strategy makes a commitment to deliver regulation driven by people's needs and experiences of care. Although we saw the practice was attempting to improve access, this was not yet reflected in the GP patient survey data or other sources of patient feedback. Therefore, the rating is Requires Improvement, as ratings depend on evidence of impact and must reflect the lived experience that people were reporting at the time of inspection.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Partial
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
<p>The practice had identified they lacked clinical rooms within their current building. Due to the steadily increasing local population the practice estimated they were up to 10 clinical rooms short. In order to continue to develop services the practice had looked at several alternative solutions in conjunction with other stakeholders. However, they had been unable to obtain the necessary funding or building at the time of our assessment. In order to maximise their current building effectively the practice was trialling, where possible, staff working from home.</p> <p>The practice was situated in a socially deprived area. They had become involved in various initiatives to tackle health inequalities associated with hard-to-reach patient groups. For example, they were taking part in a pilot project engaging with the families of non-immunised children as well as tasking their social prescribers to work closely with homeless people to encourage health screening as well as flu and covid vaccinations. The social prescribing team had developed good relationships with homeless people and the 3rd sector organisations that supported them. They had used this information to begin to develop better services for local veterans.</p> <p>The practice also had a large proportion of older people particularly those living in care home or supported accommodation settings. GPs attended regular 'ward' rounds to help ensure patient's needs were met. Vulnerable people who lived at home were prioritised for home visits.</p> <p>Substance misuse was a significant challenge in the area. The practice took a consistent approach to supporting patients who misused substances whilst managing prescribing according to national guidance. They had identified that patients with substance misuse issues often lived more disorganised lifestyles. The practice always offered this particular patient group face to face appointments in order to carry out as much health screening and health promotion as possible.</p>	

Practice Opening Times

Day	Time
Opening times:	
Monday	7am - 8pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	7am – 6.30pm
Friday	7am – 8pm
Saturday	8am – 5.30pm
Appointments available:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Saturday	8am – 5.30pm

Further information about how the practice is responding to the needs of their population

- Patients had a named GP who supported them in whatever setting they lived.
 - The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
 - In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
 - There was a medicines delivery service for housebound patients via the local pharmacy.
 - The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
 - Additional nurse appointments were available for school age children so that they did not need to miss school.
 - All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
 - Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available Saturday and Sunday 10am until 1pm.
 - The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
 - People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

People were not always able to access care and treatment in a timely way.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Partial
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Partial
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
<p>According to the National GP survey results outlined in the table below the practice had performed below national 'access' averages in all of the indicators. The practice carefully monitored the outcome of the National GP survey and continually tried to improve their outcomes for patients. They acknowledged access had been a long-term issue for them so in June 2023 they engaged with the GP improvement programme (GPIP). GPIP supported them with analysing data relating to appointments, access and digital solutions such as electronic consultations.</p> <p>The practice had used GPIP advice as well as their own data to maximise efficiency within the practice. For example, a new cloud-based telephony system had allowed patients to access a call back option to save them waiting in a queue. Non-GP staff were also being trained to 'sign off' fit notes which released time for GPs to facilitate more clinical appointments. The practice had noted a decline in pharmacist appointments due to them carrying out other important tasks. Pharmacist time had been replanned leading to increased capacity for medicine reviews.</p> <p>The practice provided evidence they had increased their appointment capacity. For example, in October 2022 prior to the National GP Survey data outlined below the practice provided 9071 appointments. Following the GPIP engagement the practice had already seen a rise to 11933 in October 2023.</p> <p>The practice offered a variety of clinical appointments either via their own workforce or jointly within their Primary Care Network (PCN). This included: GP's; nurses; healthcare assistants; paramedics; pharmacist or pharmacy technician; social prescribers; mental health professionals; phlebotomists; physiotherapists and advanced nurse practitioners (ANP) including an ANP who specialised in paediatric nursing. In addition, the practice offered minor surgery appointments. Patients could access appointments via telephone, electronic consultation, the 'mygp' app or by walking into the practice. For clinics such as for Flu, patients were able to book their own appointments online. All calls were triaged by care navigators who tried to ensure patients received appointments with the right professional.</p> <p>The practice was a training practice with 2 GP trainers meaning they were contributing to the wider system by ensuring nurses and student doctors had the opportunity to access training opportunities. They were training their own training nurse associates on a 2-year programme, as well as supervising pharmacists to aid them to achieve prescribing qualifications. The practice was a Tier 2 Visa registered practice meaning they could recruit from overseas; they had recruited 1 GP via this. At the time of our assessment, they were continuing to attempt to recruit to their vacancies.</p>	

The practice recognised the need for good communication with patients and used a variety of methods including social media, their texting systems and waiting room television screens. The Patient Participation Group (PPG) had been tasked with facilitating feedback from patients around access.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2023 to 30/04/2023)	31.6%	N/A	49.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	36.9%	59.5%	54.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	49.0%	56.7%	52.8%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	66.4%	78.0%	72.0%	No statistical variation

Source	Feedback
NHS.uk website (formerly NHS Choices)	The practice had received 14 reviews in 2023, 10 of which were positive (4 out of 5 stars and above) and 4 of which were negative (2 out of 5 stars or below). The 4 negative reviews all related to access.

Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care/
Complaints were not used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	26
Number of complaints we examined.	26
Number of complaints we examined that were satisfactorily handled in a timely way.	26
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
19 complaints related to access	As outlined above the practice continued to develop their access model in response to patient's complaints.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique, we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands. The percentage of practices which show variation depends on the distribution of the data for each indicator but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have “Met 90% minimum” have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for those aged 25 to 49, and within 5.5 years for those aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **UKHSA:** UK Health and Security Agency.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- ‰ = per thousand.